

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
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TOTAL IND.			1			
TOTAL DEP.				4		
TOTAL CLAIMS				5		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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